

# ORAL HYGIENE

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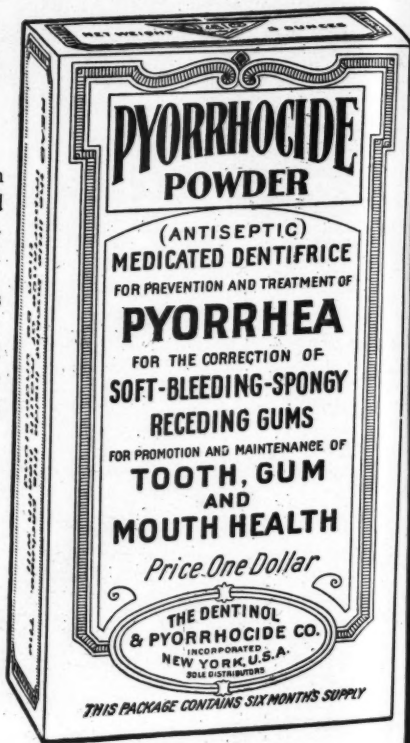
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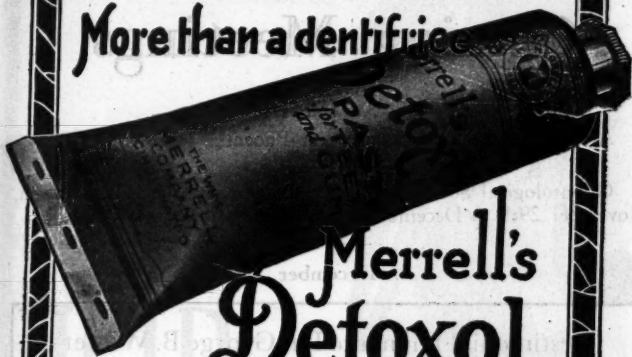
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# Coming Meetings

## November

Arizona State Dental Society, at Phoenix.

Odontological Society of Western Pennsylvania, at Pittsburgh,  
November 29th to December 1st.

## December

### Testimonial Dinner to Dr. George B. Winter of St. Louis

The St. Louis Dental Society, one of the oldest in this country, will honor Dr. George B. Winter with a testimonial dinner on December 6th in recognition of his research work done on the impacted mandibular third molar. Address communications to J. F. Alcorn, President, Metropolitan Bldg., St. Louis, Mo.

Union County Dental Society, Sixth Annual All Day Mid-Winter Convention, Elks Club Auditorium, Elizabeth, N. J., December 1st, 1926, Dr. Arthur F. Woolfey, Director, 1162 East Jersey St., Elizabeth, N. J.

Nevada State Dental Society, at Reno, December 4th.

Ohio State Dental Society, at Columbus, December 7th.

St. Louis Study Club of Dentistry opened its 1926-1927 term on Wednesday evening, October 6th. Sessions will be held every other week, from eight to ten o'clock, in the dental department of the St. Louis and Washington Universities until April next.

Bulletins description of the Study Club may be had by addressing Dr. F. C. Rodgers, 309 Wall Building, St. Louis.

New Jersey State Board of Registration and Examination in Dentistry. Regular five day examination beginning Monday, December 6th, 1926. Dr. J. C. Forsyth, Secretary, 148 W. State St., Trenton, N. J.

*(Continued on page 2048)*



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## Coming Meetings

(Continued from page 2046)

### January

Chicago Dental Society, Sixty-third Annual Meeting and Clinic, at the Drake Hotel, Chicago, January 26, 27, 28, 1927.

The meeting will again be divided into nine sections as follows:

Section I—Operative Dentistry. Chairman: Robt. E. Blackwell, 104 S. Michigan Ave. Secretary: W. Ira Williams, 122 S. Michigan Ave.

Section II—Full Denture Prosthesis. Chairman: G. M. Hambleton, 29 E. Madison St. Secretary: John M. Besser, 30 N. Michigan Ave.

Section III—Partial Denture Prosthesis. Chairman: Frank H. Vorhees, 25 E. Washington St. Secretary: Milo G. Kral, 25 E. Washington St.

Section IV—Oral Surgery, Anesthesia and Diagnosis. Chairman: C. F. B. Stowell, 25 E. Washington St. Secretary: Joseph G. Wiedder, 25 E. Washington St.

Section V—Orthodontia. Chairman: B. O. Sippy, 30 N. Michigan Ave. Secretary: J. W. Ford, 25 E. Washington St.

Section VI—Periodontia. Chairman: Edgar D. Coolidge, 25 E. Washington St. Secretary: G. R. Lundquist, 104 S. Michigan Ave.

Section VII—Mouth Hygiene, Preventive Dentistry, Public Health and Educational Exhibits. Chairman: Herbert E. Phillips, 5457 S. Ashland Ave. Vice-Chairman: E. E. Graham, 58 E. Washington St. Secretary: Harold S. Smith, 1010 Belmont Ave.

Section VIII—Roentgenology. Chairman: J. H. Prothero, 25 E. Washington St. Secretary: Frank H. Bernard, 25 E. Washington St.

Section IX—Pathology, Materia Medica and Therapeutics. Chairman: Edward H. Hatton, 31 W. Lake St. Secretary: J. R. Blayne, 912 Galt Ave.

The slogan for this meeting is "Educational." All subjects of vital importance to dentistry today will be covered by the best authorities in the country. Three half-days will be devoted to scientific papers and two half days to clinics and lecture clinics. One evening will be given over to a joint meeting with the medical profession and on Thursday noon there will be a special feature luncheon. A banquet will be given on Thursday night, in honor of the visiting state dental society and Canadian province dental society presidents. A preliminary program will appear in the January issue of the Chicago Dental Society *Bulletin* and other dental publications.

Howard C. Miller has charge of exhibits; Stanley Tylman of the clinics; Harris W. McClain, general arrangements; Roy M. Wilson, banquet; Victor H. Fuqua, reception; Frank W. Booth, transportation, and Don M. Gallie, Jr., the ladies' entertainments; Otto U. King, program.

HUGO G. FISHER, *Secretary*.

North Carolina State Board of Dental Examiners. The next regular meeting will be held at Raleigh, beginning promptly at 9 o'clock, January 10th, 1927. For application blanks and further information, address H. O. Lineberger, Secretary, Raleigh, N. C.

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Have you contributed to the ORAL HYGIENE  
FLORIDA FUND? See page 2089 of this issue.

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## CHRISTMAS GOLD



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# ORAL HYGIENE

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FOUNDED 1911

NOVEMBER, 1926

VOL. 15, No. 11



**Dr. Florestan Aguilar of Madrid—newly-elected President of the International Dental Federation.**



# The Care of Children's Teeth—A Plea

By WALTER T. McFALL, D.D.S., Greenville, S. C.

**I** DO NOT propose to tell you how to care for children's teeth, how to handle the child who is afraid of a dental chair, but I want rather to bring you a message that will make you a bigger, better and more useful dentist to your community.

The child is demanding the attention and advice of the dental profession more to-day than ever. We must come to realize that the only way we can successfully hope to cope with the existing prevalence of dental defects and the resulting toll in retarded mentality, diseased and impaired bodies, is by preventive measures which must begin early in life. While much splendid work has already been done, seeds sown that will surely bring forth a goodly and bountiful harvest in future generations, there still remains much to be done, many thousands to be taught and helped.

We cannot change public sentiment all at once, nor can we get legislation without first preceding that by education. We must realize our duty and responsibility to our nation and state is not confined to the care of those diseased conditions of

the teeth and mouth; this, and only this we have been doing, but we must be concerned as to the best possible health of our communities as far as we can.

Though none of us received very much instruction on the subject in our dental colleges, we soon come to know that public education is a most important part of any dentist's life work, and that we must be progressive, informed, and fully cognizant of our responsibility, if we are to serve our best.

The very rapid progress, attention, and interest given to mouth hygiene work in the last few years is not to be regarded merely as an educational reform, but more as the correlating of a universal realization of the paramount importance of preventive measures in the conservation of natural and human resources.

This regard for waste is in fact, the principal issue of our entire economic, industrial, political, and educational situations. In many ways, society is enlarging its interest in the individual, more and more we are being forced to realize our greatest national asset is not reckoned in resources, in power, in possessions, but rather in the health of

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Photo by Clarence Purchase.



the children whom *tomorrow* must become our proudest boast—healthy, useful, happy American citizens. Humanitarian foresight, restrictive measures, regards for the masses' rights, and large social and health undertakings are everywhere being actively manifested.

The members of all the professions of the healing art are being sought out and looked to, as leaders, to guide, teach, and materially help others to be healthy, happy, and useful, to be more concerned with the vital part we all do have in shaping human destinies.

We are fast coming to accept as our symphony, that we, as members of this present generation, are living not only for ourselves, but also, for those generations that are to follow. Those forces which make or mar the destinies of man are more amenable to control today than twenty years ago. The present development of industrial processes, the various sciences of conservation, give us hope that at least the worst conditions of poverty, selfishness and ignorance are being done away with. The amazing progress of medicine demonstrates that most of our dreaded ills can be overcome and many others eliminated by simple, preventive means; and finally the laws of heredity when fully known and heeded are surely capable of raising the mental, moral, and physical endowment well above where it now stands.

I repeat, much progress and development is apparent, and

while life has been added to, some eight years, in the average man's life, there remains a vast amount of ignorance pertaining to matters of health and disease.

The startling researches of a number, of scientific men are more than offset by the thousands who still spend hard-earned money for patented tuberculosis cures, by those who continue to use liverwort for jaundice because the leaf resembles the human liver, by those who treat infectious diseases by suggestion, by the ten thousands who still believe the care of deciduous teeth is not necessary, that they should not be preserved and saved until time for normal replacement, who have been told, "for every child a tooth," who believe a body can be healthy and nourished when food taken into the stomach through a mouth whose very contents are filled with filth, decaying, sore teeth, harboring putrefying food and germs, where pus of the most virulent nature is found, who believe that infected tonsils, glands, and ears, that impaired masticatory efficiency, does not cause a great handicap to a child in school and throughout life.

Oh, my friends we must work early and late in answer to this appalling challenge and weighty responsibility that comes to every man of us!

I wish to say these things because I tremendously feel the obligation of it, and the need for it. I am wondering if we all fully realize and appreciate

just what our part is and should be in our respective communities. Do we realize as a great school man has said, that any profession carries a responsibility, that, "Dentistry is a profession, not a trade, not an occupation, but a profession with a great responsibility that is on each of us to keep the mouths of America clean and healthy." We cannot do this by merely displaying our signs, or by treating, filling, and extracting teeth for those who come to us; but we can and will fulfill our mission and hopes by living the Golden Rule, by doing more giving and not so much getting, by being the men and leaders the call so pathetically and clearly comes to in this age in which we are living. Progress is the law of the universe.

Anyone who will not bend his will to this law not only handicaps himself, but grievously wrongs and deprives all those whom he should serve of their rightful part in all of which is highest and best.

Never has there been such a call on dentistry as today. We have so many opportunities to help, we serve the parents, the young children and the older children, we are called to aid medicine, and I believe I am totally correct when I say that we are better able to help today than ever before.

No reputable M. D. undertakes to relieve or cure a patient suffering from some systemic foci, from maladies of the lungs, heart, or kidneys, without first consulting an honest, well-informed and deeply conscientious

dentist; without having his patient given an oral correction by a man whose efforts show a personal interest and pride in his services and professional ability.

It has been my pleasure during 1925 to be Director of Mouth Hygiene for one of the largest, most progressive, and interesting school districts in our state, and I wish to say that this is the only school district in South Carolina employing a full-time dentist and utilizing a strict and intensive mouth hygiene program.

What I have done in Mouth Hygiene this past year I firmly believe anyone of you can do in your respective communities and schools—if you will.

Realizing that in any successful system, health and its maintenance is of paramount importance, that the nation is no stronger than its weakest child, that "Knowledge Without Health Cannot Profit Us," we have waged an intensive, active, and popular campaign to eliminate dental defects, prevent infectious diseases, decrease the number of children being absent from school, failing in classes, and being unnecessarily retarded and impaired for future life.

It has been my effort to teach and educate the child in these schools—first, through his teacher in the classroom; second, through the parents in the community, mothers' and parent-teachers' clubs; third, through the actual treatment and reparative work in the dental clinic.

I have said it was my hope to

reach the child first through his teacher. We must all realize that preventive dentistry naturally divides itself into two main classes, educational and reparative. The influence, opportunity and ease with which a teacher can put over an idea in a classroom is nothing short of remarkable.

Children whose parents have tried to make brush their teeth, eat and chew slowly the proper kinds of food that make for strong bodies and teeth, insist upon and do, as a matter of fact, all their teachers tell them to. If one is going to educate another, it is assumed that he is first educated himself. With this point in view I have explained to and given an outline to every teacher, especially adapted to her respective grade, just what and how to teach her children relative to their teeth and health. This outline is taught in every classroom every day for 15 minutes just as is any other lesson. The methods of instruction used are charts, songs, poems, books, stories, talks, lectures, movies, posters, exhibits, plays, drills, projects, and demonstrations. We have a health booklet for each child, and every morning an inspection is conducted and the findings charted as to the health habits and rules such as brushed hair, clean faces and hands, teeth brushed twice during the preceding day (night and morning), clean linen, twice weekly bath. "I drank milk, six glasses of water, ate green leafy vegetables, ate fruit, slept with win-

dows raised, had a bowel movement, played outdoors, did not drink coffee or tea."

Toothbrush drills are supervised and conducted twice each month. All classroom work is supplemented by required compositions, essays, by the regular physiology and hygiene lessons, and by special health work by the dentist, nutritional worker, and teacher.

It has been my effort to reach the child, and also to help the pre-school child, yea even the unborn child; secondly, through the parents, I have tried to have as many parents as possible visit the clinic and classes to see just how the children are served, to see the drills, projects, demonstrations and plays.

I have spoken often before mothers', parent- teachers' and community clubs, and have tried to reach others by newspaper articles circulated in our weekly newspaper, which goes into more than nine thousand homes, and always I have been stressing the importance of saving deciduous teeth and of growing strong teeth.

Strong, healthy teeth are the result of:

1. *Good Nutrition*, with especial emphasis on attention to health and proper foods of expectant and nursing mother and of pre-school and school child.

2. *Thorough Mastication*. A first aid to good digestion, also necessary for jaw and tooth development in early life, and for maintaining healthy teeth and surrounding tissues all through life.

3. *Adequate Prophylactic and Dental Care.* Thorough and proper cleaning of teeth after each meal and before retiring. Clean a child's teeth as soon as the teeth appear. Regular visits to the dentist beginning at two and one-half years. Especial care of deciduous teeth and six-year molars.

I have implored the co-operation and support of the parents in remembering and encouraging their children to eat proper foods, to chew slowly and thoroughly, to care for the mouth and teeth properly, and to adhere to all health habits taught.

I have told the mothers of the part they have in building and assuring good teeth for their children; how diet affects teeth and bones; how bad habits such as thumb-sucking, using pacifiers, etc., have a deleterious effect upon the mouths and respiratory tracts of children; how important it is to care for and preserve deciduous teeth until time for normal resorption and replacement; also just why the six-year molars need especial care and consideration at the time they erupt; of how a child's progress in school is retarded and his health vitally affected from lack of care and attention to the mouth and teeth from infancy on through life.

Then, thirdly, I have tried to teach the child the importance of and proper way to care for his teeth and mouth in the dental clinic.

I have had to supervise, direct and also do the reparative work for the more than six

thousand children in the schools. I have been able to correct 1,921 children for a total of 6,211 operations, nearly four operations per child.

Every precaution is observed to disabuse the child's mind of the horrors and pain of the dental chair and, from the interest manifested and the enthusiasm shown, I feel we have made a friend, booster and teacher of each child in this great work of mouth hygiene. I believe children are the easiest and most appreciative patients we have to work for, and if treated kindly, considerably and honestly we will all understand that children are much nearer the inner truth of things than we are, for their instincts are not perverted by the superfine wisdom of their elders; they give themselves up to a full, vigorous activity, for "theirs is the kingdom of heaven."

If a practitioner is unsuited by nature or temperament properly to care for children, let him at least be honest about it, admit it, and send them to someone who is well qualified and glad to serve them.

In my practice all work is done for permanence as far as possible; a special effort is made to retain every tooth just as long as I can, provided it is not diseased or a detriment; every operation is done with a great deal of pride, and each child treated as an individual and personal case; every effort is exerted to minimize pain by the use of new, sharp instruments, burs and anesthetics.

I believe in children, I believe in my profession and in the highest ideals I believe it stands for; I love little children and thank God I feel I am doing my best to answer the challenge,

to uphold the responsibility of our calling.

If you would be a more happy man, if you would be a more successful practitioner, if you would profit most—then serve.

## Can You Identify Him?

### Editor ORAL HYGIENE:

Recently a man was found near here shot in the neck and lower face with a shotgun. Apparently the shooting had been done at some other place and the body hauled here and left about 60 ft. from the highway and had been there about 30 days before being found.

The effect of the shot and decomposition had destroyed the features and all means of identification had been removed. This matter has been quite thoroughly advertised in the papers in this State and so far no one has come to claim the body.

I was asked by the district attorney to get this to the attention of as many dentists as possible as there was some bridgework in the mouth by which the body might be identified. I will enclose a description.

Respectfully,

E. W. LEWIS, D.D.S.

Adams, Wisconsin.

### DESCRIPTION

Man about 40 years old, 5 ft., 8 in. tall, weight 140 lbs. Wore grey striped suit, No. 7½ shoes. Dark raincoat and green cap. Had horseshoe shaped diamond pin and pearl handled knife.

Bridgework—upper left 5-tooth bridge, molar abutment, molar dummy; bicuspid abutment and two single cusp gold dummies; upper left 6-tooth bridge; molar abutment; two bicuspid gold dummies; bicuspid abutment and two single cusp gold dummies. Sockets of two centrals and left labial intact but teeth were gone.



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## Lights and Shadows of Magazine Publishing



The October issue of ORAL HYGIENE carried a beautiful autumn scene, printed in six colors. But some copies of the issue didn't! Some were bound in covers not nearly so good looking. This is how it happened. The publication office was moved last April. All covers for the year had been printed and they were moved too. Then, as we started to bind up the October issue, we found that 14,000 of the nearly 60,000 covers required were missing. A search revealed the fact that they had been lost in the shuffle. Hence the emergency cover on 14,000 copies.

But, there are bright spots in dental magazine publishing too. While the staff still mourned the vanished covers, this telegram came in:

"Personally and on behalf of the forty-two thousand active members of the Seventh International Dental Congress we highly appreciate and also congratulate you on the masterly way in which the October issue of ORAL HYGIENE covers the Congress."—Dr. Otto U. King.



# The Renaissance of

By ALONZO MILTON NODINE, D.D.S.  
(N. Y. Univ.), L.D.S.R.C.S. (Eng.)

## PART I



HE Renaissance!  
The New Birth!!  
To be born new!!  
The Land of Be-  
ginning Again.

Everyone, perhaps, in a quiet hour has thought of the magic of starting anew; correcting mistakes; and making possible the things that can be and should be. To dentistry has come some such idea. It is moved by a new birth. It is being born anew in the Land of Beginning Again.

Those who have eyes to see and ears to hear are conscious of the working of a ferment in dentistry. This is felt in almost all parts of the world. It is the ferment of dissatisfaction. A dissatisfaction with a this or a that, as the case may be, but nevertheless an increasing, audible dissatisfaction. As these expressed complaints — like the threads of circumstantial evidence, each in itself of not much significance—are placed together they merge into one and lead to a very significant thing.

What is this significant thing? It is the consciousness that the prevention and treatment of diseases of the mouth and teeth and the correction and replacement of lost parts is from the mechanical point of view a failure in the hands of the aver-

age dental practitioner. And further the application of, correction of and restoration of these organs upon mechanical principles has obscured, ignored, and pushed aside the medical relationships of these organs to the rest of the human system.

We are told that dentistry is a specialty of medicine! That it is a part of medicine! That it is a sister profession! This is more an expressed hope and desire than an actual attainment. How could this be true since the dental practitioner, except in rare instances, has no broad foundation of a basic medical education and training to substantiate this claim? How could this be true since dentistry divorces itself from medicine and glories in the detachment? Yet, is not there in the subconscious mind of every dental practitioner a longing, a desire for some possible rapprochement whereby logical reciprocal relations would permit the dental profession truly to function as a specialty of medicine confident of a mutual respect, obligation and responsibility?

The Italian Renaissance was produced by the ferment of dissatisfaction. A dissatisfaction with the then existing state of affairs — a dissatisfaction with the standards, technic and productions of art and science, lit-



# ance of Dentistry

"The teeth have been considered not from the relationship to the rest of the human organism, but from the relationship of the teeth to mechanical principles and cosmetic effects."

erature and social conditions. Dissatisfaction is born of comparison. And the comparison that came to hand with which to contrast the then present was that of the art and science, the literature and social conditions of Greece in the time of Pericles, the Golden Age of Rome and Foochow at the height of its glory.

The narcotic of satisfaction had its effect dissipated, and they who were awakened with the stirring of this new spirit, turned to the past, in an effort to find the beginnings of things with which to build new foundations. As they traced the development and growth of whatever art or science, literature or social conditions they studied, they discovered the why, the when, and the where a departure took place that was not the logical sequence of growth.

Warmed by the enthusiasm of discovery, and fertilized

with the stimulus of ideas so old that they seemed new, those old trees of art and science and literature blossomed with a beauty and a fragrance that rivaled the glory of their golden age.

As they turned the pages of history then, so we may turn them now; and what do these pages tell us? They tell us that dentistry, as a part of the medical art, was first practiced by the priests of the temple as a sort of religious rite, but, later, material remedies were added to aid in effecting cures and help maintain the prestige of the priesthood.

But what appears to be a more important thing is that dentistry was first practiced by physicians and the first physician of which we have any record is Hetep (he who comes in peace) who lived about 4,000 B. C. Herodotus relates that in Egypt dentistry was practiced as a spe-

cialty of medicine. "Egypt is quite full of doctors, those for the eyes, those for the head, some for the teeth and others for the belly and for occult maladies."

In China and Greece and Rome dentistry was practiced by physicians. As the story of dentistry is followed from age to age we find that the profession was pursued by medical men, until we come to Fouchaud who complains "there will shortly be more dentists than persons afflicted with dental disease."

Hayden Harris, Bond, Baxley, Taylor, Keep—the founders of organized professional training for dentists in America—were physicians. Recognizing that dentistry logically was a part of medicine, a specialty of medicine, they also realized the desirability and the need for dentistry to be able to pursue its professional education and training under the direction of medicine of which it shall be a part. Dentistry was then taught by apprenticeship or picked up in some way or other without any organized systematized course of study or training.

These previously named men pleaded, urged and argued with the men of the medical faculties to place facilities at the disposal of students for the study of dentistry. This the faculties refused to do because they depreciated the importance of the art as then practiced and could not see the importance of dentistry in its relationship to the rest of the human organism. There-

fore, because of the rebuff, the shortsightedness of the medical faculties, they were impelled, reluctant as they were, to found dental schools independent of the medical schools.

For this reason, and for this reason alone, has dentistry developed as a separate profession. It has developed as a separate profession not because of any error in the logic of relationship or community of interest, common to dentistry and medicine, but to a mistake, a shortsightedness and a failure of medicine.

This has had one very disastrous effect upon the separate and autonomous profession of dentistry. It has developed the mechanical and cosmetic aspects of the profession at the expense of the medical considerations. The teeth have been considered not from the relationship to the rest of the human organism, but from the relationship of the teeth to mechanical principles and cosmetic effects. This has occurred in much the same way that the specialty of ophthalmology might have developed had it developed from the standpoint of the optician.

Because dentistry has developed in the manner it has, it has failed to occupy the same position that other specialties of medicine have taken. Neither medicine, the public or the profession itself places dentistry on the same level with them. But what appears so paradoxical and so unreasonable and shortsighted is the fact that the organized dental profession appar-

ently desires to perpetuate the error of medicine and continue the mistake, not because of any advantage that accompanies this, but, it seems, to spite medicine for the rebuff administered to dentistry when the founders desired medicine to develop dentistry under its direction.

As an example of this we may point to a recent experience in France where those in control of the schools for surgeon dentists applied to the Faculty of Medicine for permission to confer the degree of D.D.S. on the graduates of these schools.

This the Faculty of Medicine refused to do. But they did offer to them in order to unify, simplify and elevate the profession the following gift. They offered to confer on all surgeon dentists the degree of M.D., limited to the practice of stomatology if they passed three medical examinations instead of the present prescribed fifteen examinations for the M.D. degree. This, those controlling the dental schools refused. They preferred to continue the paradoxical and anomalous position which they now occupy in which they are neither fish, flesh or fowl. They prefer this despite the fact that those who take up the study of dentistry in France today are increasingly conscious of the desirability and logic of obtaining the M.D. degree as stomatologists. It is further believed that because of this fact alone that within ten years the schools for surgeon dentists will die a natural death from lack of support.

In Hungary there are neither dentists nor dentistry. There are only stomatologists and stomatology. There the full medical course is required plus a course in the specialty of stomatology.

Italy recently passed a law requiring that all those hereafter practicing the specialty of medicine known as stomatology or dentistry must have had the medical degree and special training in that specialty. In Austria and Roumania it is the same. They are required to take a four-year course in medicine and two years' additional training in the specialty of stomatology. It appears that in each country of Europe as well as America there is an increasing appreciation of the logic that dentistry or stomatology should be taught and practiced as a specialty of medicine in fact as well as in theory.

Whenever or wherever dentists forgothar may be heard complaints of dissatisfaction with the existing condition of affairs dental.

In one country it may be the dissatisfaction of the legally trained and qualified dental surgeons about the competition and professional influence of the unqualified and untrained registered practitioners. In other places may be heard the complaints of the unqualified and untrained about the inferior position, the discrimination and the lack of opportunities and facilities for removing the handicaps due to their lack of unorganized systemized professional education.

They claim that these are unjust and impolitic. In other

countries one section of the profession complains that another section of the profession is lowering the standards of technical craftsmanship and professional practice and ethical standards. In another country the complaint is made that the standards of professional education are either too low or too high or the course of study and preliminary requirements are poorly conceived.

In still other places there is expressed the dissatisfaction with either their social, economic, or professional standing or position. In some places the dentists are dissatisfied because the physician does not know enough about dentistry and therefore depreciates and misunderstands their professional attitude and efforts. In other countries the dissatisfaction arises because the physicians complain that the dental practitioner does not know enough about medicine or the medical point of view. In one place the dissatisfaction is found because the public, it is claimed, know too much about dentistry and is asking for a standard of service which the bulk of the profession is unable to deliver. In other places the complaint is made that the public is not sufficiently informed and does not appreciate the value of skilled dental service. And so we could continue the list of complaints and dissatisfaction to a still greater length.

Most of this dissatisfaction and complaints will be found to have their source as suggested in the beginning, to the semi-

conscious realization of the paradoxical position in which the dental profession has been placed so unfortunately in most respects.

The dental surgeon is called upon to discover, diagnose, treat and operate upon diseases and disorders of the oral cavity, intimately related to the rest of the human system without having had a basic medical education. This education would, it is maintained, give him an understanding and appreciation and point of view which he does not now possess, with which to judge the relationship, the action on and the reaction of the rest of the human economy.

In other words the responsibility that is placed upon the shoulders of the dental surgeon is greater than he can or should justly assume under the present system and plan of professional dental education and training.

He has been called upon to take the next step in preventive medicine! How can he take this next step intelligently without the medical point of view, without a trained appreciation of the objects and aims of preventive medicine?

How can he take this next step when manacled by a concern for mechanical considerations, technical craftsmanship and cosmetic results? If these manacles are not something more material than a figure of speech why are the failures of dental treatment, as will be later pointed out, so appalling? To deny that these failures are

as great as will be suggested is to deny the defects of our common knowledge, experience and observation.

In times of great dissatisfaction and confusion the expressed statement of clear, straight thinking is usually drowned out by the clamor for snap judgments and quick, painless remedies; something that will disguise the symptoms for a time, some narcotic that will still the cry of pain, something that will make the old look young, the weak strong, and the diseased healthy.

Political, economic, social and personal interests all consciously or unconsciously conspire and contrive to either ignore or suppress the real malady and the genuine remedy. Some formula is sought that will neither cut this way or that sufficiently to accomplish any good or harm. The man with the middle of the road solution is looked upon as the safe, sound, gracious savior of the situation.

No more pernicious attitude could be so tenaciously maintained than that the magical wonderworking middle course is always right. A compromise, a straddle is never right. It is only expedient.

Compromise is not found in the scales of justice, logic or reason. It is found only in the conjurer's box of tricks.

The solution of dentistry's dissatisfaction with its position will only be satisfied when dentistry is placed in and occupies the position where it logically and rightly belongs. The whole

profession of the future will have a broad foundation of a basic medical education and training as meets the requirements for practice plus a special training in the specialty of dentistry or stomatology as a specialty of medicine. This stand does not necessarily rest upon the assumption that medical education has achieved its ideal aims.

A reading of the Carnegie Reports and Flexner's book on Medical Education or any of the other books on medical education in England, France or Germany will soon dispel any such ridiculous assumption. But therein the shortcomings and failures are pointed out and the remedies suggested and the progress made in applying the remedies is stated. And it may be reasonably said that some considerable effort has been made at reorganization and readjustment of medical education and training and there is a most serious attempt made to meet the needs and standards of the great service it can and should perform for the public.

There are many and great objections to overcome and satisfy before this Renaissance will be accomplished. This is acknowledged and conceded. It is not impertinent to ask what these objections are. The objections most frequently expressed are economic, technical, professional and personal.

Taking each of these in order let us examine them and if possible throw some light on them and perhaps dissipate them.

I. It is claimed that the cost to the individual student of such a course of study and training would be such that a sufficient number of practitioners could not be provided adequately to meet the needs of the community.

II. It is objected by some that a large number of men having the medical qualification are unskillful dental surgeons, unskillful mechanical and technical craftsmen.

III. Others are adverse to the idea of losing the independent, autonomous position, independent control, independent training and prospect of sacrificing the vested interests of the dental profession's organized political machine.

IV. Still others, unfortunately, do not see clearly how the gap between the present position of the profession and the ultimate attainment of this ideal can be bridged by a period of transition over which the individual dental surgeon may pass to the specialty of medicine—stomatology.

In answer to the first objection it may be suggested that in Hungary, Austria, Italy, Roumania and to a limited extent in France where the aim has been reached the element of cost has not, it appears, been an obstacle sufficient to have prevented men from taking up the medical specialty of stomatology. These countries are not, it will be conceded, notoriously rich. In Germany, Holland, Sweden, Switzerland and other European countries there is a

considerable volume of conviction that recognizes the inevitable and desirable logic of the aim of this Renaissance.

As the standards of living are raised the economic means to satisfy these standards also increase. Were this not true, were the standard of living raised and the means of satisfying these standards to remain stationary or retreat, then the state would be heading for bankruptcy and ruin. The standards of the whole world are being raised as a parallel phenomena takes place in the means to satisfy these advancing standards.

Owing to peculiar and transient conditions one country may not advance its standards and means of satisfying them at the same rate as another, but when a state does not keep step with the world movement it is left behind to economic, political and social stagnation or degeneration.

Every art and profession has had increased its cost of professional technical training and education. Yet there does not seem to be any marked decrease in the numbers of those who take up the study of these arts and professions.

While it is acknowledged that the cost of such a training and system of professional education will be more to the individual than the three years' course or four or five years' course, nevertheless because of this fact we may be permitted to conceive compensating advantages. And these advantages will become apparent as we proceed.

*(To be continued in the December number)*





# Why Not?

## *And Echo Answers, "Why Not?"*

By THOS. C. BONNEY, D.D.S.

Aberdeen, South Dakota



HE bizarre and blatant statements of the advertising dentist regarding "painless extracting," yea, even "absolutely painless extracting" which in many instances is "guaranteed," has probably done more to implant in the minds of the laity the idea that not only should the extraction of teeth be a painless procedure, but also that there should never be any post-operative pain.

For that reason it is not surprising to have patients coming to the office with pain of greater or lesser degree following the removal of a tooth or teeth; but it certainly is surprising to read in the August number of ORAL HYGIENE, in an article by Dr. C. Edmund Kells, entitled "Breaking Blood Vessels," the statement that there should be no post-operative pain following extraction. Dr. Kells says, " \* \* \* \* I never once said that I never did get post-operative pain, and don't forget that. All I said was that I *shouldn't get it.*" Why not? Any man who has written so much, and who has passed on to the pro-

fession so many things of value cannot be "holding out" some ultra-efficient method of extraction whereby it is possible totally to prevent post-operative pain.

Does the general surgeon ever assure his patients that there will be no pain following his operations? He does not! Is there any pain following operations upon the tonsils, the mastoid, the accessory sinuses of the nose, the gall bladder? Do patients expect to be free from post-operative pain following the repair of a hernia, or do they get out and dance the Charleston as soon as they are fully recovered from the effects of an anesthetic taken for hemorrhoidectomy, perineal repair, or a Coffey suspension? Ask the patient who had had any one of these operations! Why not?

The answer will be a loud and vociferous NO! Then why should there be no post-operative pain following extraction? True, in many cases there is none, but again there are plenty of cases where there is nothing else but—and that sometimes for days. Poor technic? Sometimes. Rough operating? Sometimes, yes.



But how are we to account for pain following extracting when every possible precaution has been taken to prevent it? Maybe novocain has been used; maybe nitrous oxid-oxygen. There has been no cutting with chisel or bur, no mucoperiosteal flap made and sutured, no packing placed in the socket, and no root tips broken off (or left to work out (?)). The socket has filled nicely with a firm blood clot and the patient is "tickled pink."

"Doctor, that is the nicest extracting I have ever had done [Business of D.D.S. swelling out chest]. I have had a lot of extracting done as you can see, but I have never before had any one work as gently and carefully as you have."

All very fine until about ten p. m., when you are roused out of a sound sleep to listen to the patient's wails over the telephone, or she comes into the office the next day haggard and

hollow-eyed to inform you that she did not sleep a wink all night, and "Doctor, why should it hurt so? I've had lots of extracting done, but I never had one hurt like this does."

How is such pain to be accounted for? Break in technic, some wise bird will say. Should have used novocain. Should have used gas. Should have packed the socket. Where does it get us? Nowhere. Post-extraction pain always has been, is now and always will be the price that must sometimes be paid when teeth are sacrificed. Not in every case, but frequently enough to teach us that in spite of every care and precaution we should expect, and at times will most assuredly get, post-operative pain out of all proportion to the degree of the operative work done.

The sooner the layman (and apparently some dentists) learn this the better it will be for all concerned.

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### Excuse It, Please!

In a book review appearing in September ORAL HYGIENE, Dr. Howard R. Raper's new "Clinical Preventive Dentistry" was said to be published by the C. V. Mosby Company. This was ORAL HYGIENE's error. The publisher is Ritter Dental Manufacturing Company, of Rochester, N. Y. Dr. Elmer S. Best, of Minneapolis, says of Dr. Raper's new technique:

"When I say the adoption of this idea in dentistry will be the greatest thing in years I mean it. One's enthusiasm grows with the unfolding of the possibilities of prevention. One reason why I do not do any root canal operations is that I have learned to prevent the need of them in my practice, thank the Lord. . . . All of my patients have yearly radiographic examinations."



# Your Income Tax

By H. O. WEST

All dental fees are considered earned income and the maximum increased from \$10,000 to \$20,000. That means that all professional incomes under \$20,000 will be subject to a 25 per cent reduction. Also, in computing the earned income credit, the surtax on amounts over \$10,000 should not be lost sight of.



OW that the Ides of March are in the dim and distant past, one is tempted to forget all about tax matters. In a good many cases, however, a very profitable afternoon could be spent in reviewing the 1925 return. For this reason it would not be amiss to discuss amended returns and claims for refunds.

The tax return of the individual, as well as the corporation, is subject to a preliminary examination by the collector of the district in which he files his return. After this cursory examination, the form 1040 is forwarded to Washington, where they are formally audited. Due to the volume of returns, the audit may not take place until several years later.

If the return is found to be incorrect, an additional tax is

immediately levied. No penalties are levied except an interest charge at the rate of six per cent per annum, unless the deficiency is due to fraud or intentional disregard of the provisions of the law. If the taxpayer has paid too large a tax, the amount is credited to subsequent installments or refunded by check.

In some instances, the collector will note exceptions to the return and will ask an explanation of certain items—or the taxpayer will be asked to bring his data to the collector's office. If the taxpayer does not agree with the findings of the collector, he may appeal his case to the Income Tax Unit in Washington.

The Income Tax Unit has a field audit force. Field audits are very rarely made of individual's accounts, their audits being confined mostly to corpo-

rations. Field agents have the power under the Revenue Act to examine the books and records of the taxpayer. It is apparent that in most cases of dispute the department is inclined to take the benefit of the doubt, feeling, no doubt, that the taxpayer in turn has advantages that the department could not hope to uncover.

When the field examination is completed, it is reviewed in the district office and a copy of the report is sent to the taxpayer. It is desirable that the Government and the taxpayer agree on the facts before the report is sent to Washington. Therefore, the taxpayer is given 20 days to file exceptions and to confer with the examiner.

The field report and the taxpayer's exceptions, if any, are then forwarded to the Income Tax Unit in Washington. The unit then reviews the case and advises the taxpayer of its action. The taxpayer has 30 days to protest and may, with his letter of protest, request a hearing. Unless a hearing is requested, the department's conclusions will be put in the form of a letter advising the taxpayer of the additional assessment or refund.

The taxpayer or his registered agent may attend the hearing before the Income Tax Unit. Statements of facts must be in the form of an affidavit signed by the taxpayer only, but the letter of protest may be signed by the agent.

Should the taxpayer still disagree with the unit, he may refer his case to the Committee

on Appeals and Reviews. The hearings before the unit or committee are informal. The representatives of the department are usually well informed, although guided a great deal by precedent.

Failing to get satisfaction in cases of deficiency only, the taxpayer has 60 days to appeal to the Board of Tax Appeals. Either the Treasury Department or the taxpayer may appeal from here to the courts, but, unless an appeal is taken, the decision of the tax board is binding on both parties.

A statute of limitations or collections applicable to income tax returns has been included in each income tax law. The 1918 and prior acts provided that the returns must be audited and all claims must be filed by the Government within five years. This means five years after the final return is made out and not a tentative return. The 1921 and 1924 acts provided for four years. The 1926 law reduced the period to three years. Therefore, it is wise to keep your records at least three years, after which the Government can make no claims unless there is evidence of fraud. The 1921 returns, filed as of March 15th, 1922, are now past the review period, but 1922 and subsequent years are still subject to review.

The various tax laws also provide for a time limitation for recoveries of excessive taxes paid. The time on the 1920 return expired March 15th of this year, but claims may now be made on returns subsequent to 1920.

Waivers are formal documents which the Treasury Department frequently asks the taxpayers to sign, which extend the period of limitation—usually a year. This is for either the levying of additional assessments or refunds of overpayments.

In going over your returns for 1925, you may find it in error and excessive tax paid. In such a case, a new return should be filled out and the words "Amended Return" written in large letters across the face of the return. A letter of transmittal should accompany the return, stating the reasons for the change. The reduction in tax may be applied against the unpaid installments, or, if the tax has been paid in full, a claim for refund may be made.

If the Government should make an assessment for additional tax, this must be paid within 10 days. If this would work an undue hardship on the taxpayer and the commissioner can be convinced on this point, the time limit can be extended 18 months. Interest at six per cent will be charged, however. Otherwise, if payment is not made within the 10-day period, interest will be charged at 12 per cent.

A claim for abatement can be filed in certain cases to offset an assessment. This is true particularly where the statute of limitations might put collection in "jeopardy" and the commissioner has made the levy without allowing the taxpayer the benefits of hearings previously described. The claims suspend

collections until facts are ascertained by the taxpayer. The claim may be presented to the Board of Tax Appeals and, if disallowed, interest at six per cent will be charged from original date of assessment.

Aside from the reduction in rates, the 1926 law does not offer many changes over the 1924 law. Earned income credit is the main item.

All dental fees are considered earned income and the maximum increased from \$10,000 to \$20,000. That means all professional incomes under \$20,000 are subject to a 25 per cent reduction. Also, in computing the earned income credit, the surtax on amounts over \$10,000 should not be lost sight of.

Capital losses and gains should be given special consideration. Capital assets are defined by the law as assets held for more than two years. If an unusually large profit has been made on the sale of such assets, a straight 12½ per cent tax may be computed on such profits, in addition to the tax as ordinarily computed on the remaining income. Or, capital gains may be included in gross income and the tax computed in the ordinary manner. Obviously, the method which gives the lower tax should be used. Capital losses under the new law may not be deducted except against capital gains. This, however, may be subject to liberal interpretation by the department, and it would be advisable to deduct losses on the sale of securities, for instance, pending a ruling. If an addi-

tional assessment is made, it would only cost six per cent interest. Capital losses, however, may be carried forward and deducted against capital gains for the two following years.

Where the husband and wife have separate incomes, separate tax returns may be filed. This

would not be advantageous unless the joint income is in excess of \$7,500. There are many factors entering into the computation of the tax, and it is always wise to compute the tax on the basis of joint and separate returns to determine which method produces the lower tax.



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# When Teeth Go To School

Broadcast from WQJ, Chicago

By EVELYN C. SCHMIDT, Chicago, Ill.

Oral Hygiene occasionally prints radio talks like this as a source of material for dentists who have been invited either to broadcast or to address local gatherings of laymen.

**N**APOLEON once said that an army marches on its stomach. What he should have said is that an army marches on its teeth, for a stomach soon wears out and Waterloo is met if food is not properly prepared by the first organ of digestion—the mouth.

In this country we have a valuable army—an army of about 20,000,000 school children, who are steadily marching through school, preparing for life. How are they marching?

In the past, children went to school from the eyes up. They had their heads crammed full of the three R's—reading, 'riting and 'rithmetic, while the most important R, the one which includes the entire child and

which determines to a large degree his usefulness in the community—the fourth R, right living—was overlooked. A child was taught and was examined mentally, but from his eyes down he was ignored. Gradually, however, close relationship between the physical and mental has come to be recognized. Laws have been passed in many states requiring a physical examination of each school child once a year by a school physician, and requiring every community to employ a school nurse. Efforts are being made to keep the child from meeting his physical as well as his mental Waterloo. The wheel of health education has been set in motion.

In this wheel one of the



most important spokes is proper mouth hygiene. I said one of the most important, but perhaps I should have said *the* most important; for if you examine the mouths of a group of school children, in the state in which you live or in any other state, with a mirror and an explorer such as a dentist uses, you will find, in at least eight of every ten children, decayed, irregular teeth—crippled chewing machines, which cannot properly prepare the food for the stomach; and so the child is undernourished. If you make further examinations and compile statistics, you will find that the mouths of school children average about six cavities. That means that about 180,000,000 decayed teeth go to school daily and do their harm. What does this mean to this country, to your state, to your community and to your child individually? To the child it means sleepless nights, because of toothache; indigestion, because of inability to chew his food; malaise, from the pus which is being poured into the system and the decayed food which accumulates in the cavities; a lessened resistance to colds, or, in other words, a greater susceptibility to disease; in short, it means a physical handicap.

An experiment was carried on in Cleveland a few years ago to show that decayed teeth cause not only a physical but also a mental handicap. Two groups of children were chosen. They were from practically the same type of home. They attended

the same school and had the same instruction. A mental and physical examination was made of both groups. During the school year the control class had no instruction or supervision in health matters; the experimental class had their mouths put in proper condition, were checked up on the brushing of their teeth, and were given experimental dinners at which they were taught how to chew and what foods to select. At the end of a year the two groups were again examined, and it was found that the class that had had supervision and health instruction averaged 91 per cent higher in their mental test than the control class.

For this reason, from a community point of view, to have these unhealthy mouths and decayed teeth in school means that we have a less efficient group of school children, and this, of course, means dollars and cents to the community. The same application can be made to the state and to the nation.

An interesting experiment was carried on in Atlanta, Ga. Thirty-two per cent of the school children had failed; in other words, had had to take the year's work over. Among the 900 pupils there had been 3,800 absentees the previous year. An intensive campaign for 100 per cent mouths was put into practice, and 1,200 school days were saved in a year. According to the United States Government, every school day is worth, depending on the grade, from \$10 to \$40 a day, but putting its

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value at \$10 a day and considering a matter of 1,200 days lost, we can begin to realize what unhealthy mouths mean to a community in dollars and cents, and what it could mean to have all mouths properly cared for. Consequently, it is extremely important to talk about teeth in school.

When a child enters the first grade, he has twenty baby teeth, and at about six years of age he develops the first second teeth, which are called the first permanent molars. These are the largest and most important teeth in the mouth, for they hold the jaws in a definite relation to each other while the twenty baby teeth are being shed and the permanent teeth are taking their places. Their position in the mouth has much to do with the regularity or irregularity of the other permanent teeth. The whole chewing machine is seriously crippled if these teeth are damaged or lost; and they are the only grinders while the temporary molars are being exchanged for permanent teeth. So that is the first thing to look for when your child goes to school—the four first permanent or six-year molars. As soon as they come through the gums take your child to the dentist; for there is often a slight imperfection in the tooth, which if discovered immediately, can quickly be repaired, but which, if allowed to go uncared for, will, within a few months, cause a serious condition.

Be sure that your child brushes

his teeth carefully during his school days.

If the brushing habit is inculcated while a child is in the lower grades, a mother will not have to check up later on, for the habit will become firmly established. It is to be hoped that you are not one of the mothers who takes a dirty face and dirty ears very seriously, but who never looks into her child's mouth to see how much garbage there may be there. The one condition would never harm your child physically or mentally, while the other might easily do both. Supply your child with a small toothbrush and either tooth paste or tooth powder, although these are not necessary and often afford an excellent excuse to the child for not brushing his teeth. Is there anyone who has not heard her child say "I cannot brush my teeth because we are all out of tooth paste"?

Teach the child that one-half teaspoon of salt in a glass of water is an excellent brushing and rinsing preparation. Teach him to brush the teeth with an up-and-down motion so that the gums will not be injured—down on the upper teeth and up on the lower. He should brush his teeth after breakfast. If you live in a community where there is a one-session school or where your child takes his lunch, there is an excuse for not cleaning the teeth after the noonday meal, but there is never any excuse for not thoroughly cleaning the mouth before going to bed.

This is the most important

time, for the mouth is quiet, moist and dark during the night—the exact requirements for bacterial growth.

Speaking of school lunches, this is an important consideration. In many places the children do not go home for the noonday meal, so that schools are now serving noon lunches, or at least some hot dishes to be eaten with the food brought from home. If this is true in your community, it simplifies matters for you. If it is not true, you should look into the matter; for it has been proved that a hot dish at noon promotes easy and rapid digestion and helps keep the mind clear for the afternoon.

If you haven't this service in your school, get your parent-teacher association or women's club to install it. May I here suggest that you write to the United States Department of Agriculture, Washington, D. C., and ask for Farmer's Bulletin No. 12 on "The School Lunch." If children are given money to buy their lunches from the nearby store, which is a questionable thing to do, they must be instructed to buy wholesome food, and these stores should be investigated and their method of handling the food looked into.

In rural communities the child usually carries his lunch in a basket or box. Special thought should be given to the selection of food so that it may be suitable in amount and kind and appetizing when the box is opened. Food should be carefully wrapped in oiled paper or

paper napkins. The basis of a school lunch is a good sandwich. Whole wheat bread should be used most of the time, with brown bread, raisin or nut bread for a change. The bread should be at least 24 hours old.

Milk should be taken, if it can be carried, as it will add greatly to the food value of the lunch. A simple dessert should be included, such as gingerbread, sponge cake, baked custard, dates or plain cookies. Fruit is an important part of a school luncheon. Fresh or stewed fruits should be included daily, or a ripe tomato might be used occasionally, as its juciness is refreshing and the fact that it is rich in vitamins makes it as important in the dietary as an orange.

Here is a suggested luncheon: A sandwich made of Boston brown bread or whole wheat bread with a filling of cottage cheese mixed with strained tomato and a lettuce leaf over which a little boiled dressing is spread; a piece of gingerbread, and an apple. The apple should be eaten last, as it helps to clean the teeth.

Foods should be chosen not only for their nutritive value, but also because of their chewing qualities. All of the foods mentioned help build sound teeth, and this building of teeth goes on all of the time that a child is in the primary and grammar grades.

Chewing was mentioned: it is quite as important that a child learn to chew as that he learn to walk. Children should be taught

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to chew on both sides of the face and to chew their foods thoroughly in order that they may get proper value from the food and in order to avoid indigestion in later life. Summarizing, then, the important things, when teeth go to school, are these: Look out for the sixth-year molar. Take your child to the dentist regularly at least twice a year in order that small cavities may be filled. Insist that your child chew his food well, and have him sit at the table

long enough to eat his meal properly. Give him only simple desserts, and no candy between meals. Keep in mind always that the health of the mouth reflects always on the general health and the scholastic standing of the child. To quote one boy who was asked to write about teeth in school:

My father says that wisdom  
Does not come from wisdom teeth.  
But that good teeth come from  
wisdom  
Is my father's firm belief.

## New "Index" Out

*The Index of Periodical Dental Literature*, compiled by Arthur D. Black, A.M., M.D., D.D.S., Sc.D., Dean of Northwestern University Dental School, Chicago, Illinois has just been issued. This book is an index of the periodical dental literature published in the English language, including fifty-three publications in England, Canada and the United States, for the five years from 1886 to 1890, and is published under the auspices of the American Association of Dental Colleges, American Dental Association, Research Commission of the American Dental Association, British Dental Association, Canadian Dental Association, New Zealand Dental Association and Society of Dental Science of New South Wales.

This volume is the fifth of the series to be published, the first volume covering the literature for 1911-1915, the second 1916-1920, the third 1839-1875, the fourth 1876-1885, and is uniform in size, binding and general character with the previously published volumes.

It contains a classified subject index and an alphabetical author index, as well as a list of the dental books reviewed during the five-year period.



## International Oral Hygiene

Translated and Briefed By CHAS. W. BARTON

### GREAT BRITAIN

School dentists who were engaged in full-time service under the Leeds Education Committee had until lately been allowed to undertake a certain amount of professional work in their private time and practice. By the terms of a resolution recently passed by the Leeds authority, the privilege referred to has been withdrawn, and wholtime dental officers are debarred from doing work in private practice. As usually happens when a contract is altered with the effect of financially hampering the activities of one of the parties, objection has been raised, and several letters of protest have appeared in the *Yorkshire Evening Post*. It is argued that the manner in which a school dentist employs his evenings to extra-official time should be left entirely to his own discretion, and that so long as the whole time duties are carried out satisfactorily, no reasonable employer would attempt to interfere with his servant's private life. One correspondent suggests that a dental officer might in his own time do photography and sell the results, but an argument of that sort is not particularly relevant to the question of engaging in professional practice. The employer of school dentists will probably have in his mind the arduous and wearing character of the work which is a large factor in fixing and limiting the number of official work hours, says the *Dental Record*, and, knowing that he cannot exercise any control over the amount or duration of the professional work that may be done under privilege in private time, he may

shrewdly suspect that dental work carried on in the evenings is more likely to lessen than to promote the efficiency and fitness of the dentist for his whole-time duties. It is not known to what extent such considerations may have influenced the Leeds Committee. In what is reported as the "official" reply the Committee give, as one explicit reason for reconsidering their decision, "that private practitioners were complaining of the competition that was developing." Another difficulty is that the school dentist who does not feel really safe or satisfied with the prospect that school dentistry offers as a permanent or settled career, will naturally wish to keep in active touch with the various dental conditions and kinds of treatment that are not to be found in school work. It is then all the more a sound and just policy that educational authorities, recognizing the well-proved economic value of the dental treatment of the young, should offer such conditions of employment and remuneration as will attract and maintain the kind of efficient service they require, concludes the *Dental Record*.

The *Star* calls attention to the great decrease in the number of students in dentistry which is causing considerable apprehension. In spite of the fact that the public is realizing the importance of thorough attention to the teeth, and that prospects of good positions are increasing, the young men of today are showing little interest in the opportunities awaiting them. Only 191 students started courses in dentistry last year, as compared with a

yearly average of 300 before the war.

## CANADA

Commencing January, 1925, the Canadian Dental Hygiene Council entered upon a definite program of visiting as much as possible of the Dominion, in order that the dentists might be told for what the C. D. H. C. stands, why it has been formed, and what it is hoped will be accomplished. With this object in view, six of the nine provinces have been visited, the territory extending from Quebec City, in the East, to Victoria, B. C., in the West. In every city visited the local dental society spent an entire evening discussing the Council, its work and its opportunities of usefulness. These meetings were, without exception, splendid successes; in many cities there was an attendance well up to 100 per cent, and throughout the middle west many men came considerable distances from outlying points to hear the story. On the trip through the Provinces of Manitoba, Saskatchewan, Alberta, British Columbia, at the request of the Provincial Society Executive or Oral Hygiene Committee, a program of educational work along oral hygiene or public dental health lines was carried out. For this purpose from two to five days were spent in every city. A program, previously arranged by the local Oral Hygiene Committee, included addresses to school teachers, university, college and normal school students, high school, collegiate and public school pupils, women's clubs, men's service clubs, meetings for the general public, and nurses in training, and public health nurses, boards of trade, Boy Scouts and Girl Guides. At every one of these meetings the keenest interest was manifested and in some cities the number of meetings was limited only by the lack of time. Funds to carry on the work of the Council are greatly needed, and they are asking the Federal Government to assist them with a grant of \$10,000 a year for five years.

The Director of Dental Services reports that the Department of Health had decided to have a "Dental Health Day" during the month of October, 1926. All the health officers and nurses of the Department will be urged to assist in making the preparations, and the Department hopes that it will have the whole-hearted support of every dentist in the province of Ontario. The Oral Hygiene Committee of the Ontario Dental Associations unanimously approved of the undertaking, and promised their enthusiastic support and assistance.

School Dental Service in Toronto commenced in 1910, when the first school dental officer was appointed. The service has grown gradually until today there are 31 dentists engaged on this work—four on full-time duty and the others half-time. They examine every school child once a year, and conduct 28 clinics in the schools for reparative dental treatment. That there is a great improvement in mouth health of the school children of Toronto as a direct result of the work carried on by the School Dental Service of the Department of Health is evidenced by a comparison of dental survey figures for the year 1910, before a dental service was started, and figures for the month of September, 1925. In 1910 two schools were examined by members of the Toronto Dental Society, with startling results. Ninety-seven per cent of the children had defective teeth, and mouths with five to ten dental cavities were quite common. Fifty per cent had abscessed teeth or other serious mouth conditions which were interfering with their general health and growth, and delaying their progress in school. 11,307 children were examined during the month of September, 1925, by the survey dentists of this Department. 7496, or 66% had defective teeth, a reduction of 31 per cent over the previous figures. The greatest improvement is shown in the fact that these 66 per cent averaged only two cavities in the deciduous teeth and one cavity in the permanent teeth.



Only 3 per cent had unclean mouths and less than 2 per cent were reported to have septic mouth conditions, compared with the 50 per cent discovered in 1910. It is impossible to estimate just how great is the improvement in the school children's health as a direct result of this preventive dental work.

## INDIA

The Mouth Hygiene Department of the *Indian Dental Journal* has acquired, for the benefit of dentists who intend to give lectures on oral hygiene, a set of 40 lantern slides showing eruption of teeth, how they decay, how pyorrhea develops, methods of brushing the teeth, etc. These slides can be shown from any ordinary lantern projector and the whole set of 40 slides may be rented at Rs. 5 per day, plus a deposit of Rs. 50 which is refunded on return of the slides. Complete typewritten manuscript accompanies each set.

From the annual report of the Calcutta Dental College and Hospital it results that during the last college session, 1924-25, the students of the college, under the supervision of the Tutorial Dental Surgeon, attended to the following cases: total number of visits to the hospital: 1920; dental operations: 60; fillings: 960; root canal treatments: 110; extractions: 4019; artificial teeth supplied: 2869. To cover expenses charges have been made for materials only. At the discretion of the Tutorial Dental Surgeon extractions have been made under anaesthesia absolutely free of charge. Apart from the fact that this college is opening up a new profession for Indian youths, it is also alleviating the dental sufferings of the poor of Bengal.

A popular pamphlet entitled "Dudhia Dantni Mavjat," written by Kaikhusroo Dorabji Jila in the *Gujarati*, and published by Jila Bros., Dental Publishers, Wadi Street, Navasari, treats in all detail of the deciduous teeth, and lays particular stress on the necessity for the care of temporary teeth.

Hints to mothers, as well as jingles on mouth hygiene for the children, should not fail to make this publication a very useful guide for teachers and parents.

## FRANCE

The following outline of a dental health talk is the work of the dental hygienist at the school dental clinic of Colmar who has given such a talk to the school children of from 12 to 14 years of age in each one of the schools separately. We believe that this outline might well render service to those who contemplate similar educational work in schools where the active participation of a dentist is not available:

What is a tooth? (Descriptions, simple explanation of dental decay.) What happens if you lose your teeth? or if your teeth are bad, infected? You are chewing badly (indigestion). Your throat becomes easily infected (angina). The infectious diseases will develop much more readily (tuberculosis, for instance). Therefore, unless your teeth and your mouth are clean, you are not healthy or at least prone to become sick. It is, then, in your own interest to keep your teeth in good condition or to have them repaired if they are not perfect. Let us see first how you can best keep your teeth in good condition: 1. Brush your teeth (explanations, demonstrations); chew your food, (mechanical cleansing by food, chew on both sides of the mouth); 3. go to your dentist or physician once or twice a year (prevention is better than cure).

You can see that there are some very good *health* reasons for having clean teeth and mouths. But there are also other reasons: good manners, practical usefulness, even morals. 1. Reasons of good manners or politeness: one has no right to impose upon others the bad odor of an infected breath caused by one's own fault, nor the sight of black and decayed teeth. 2. Reasons of practical usefulness: It is useful to



look well and clean and attractive when you present yourselves to an employer for a job. Easy and fluent speech is indispensable very often in commerce and industry, and the loss of several teeth severely interferes with both. Make yourselves agreeable to look at and to listen to, this will serve you better in life than you would think. 3. Morals: You have been told just now that an employer is likely to choose you and give you preference if you present an agreeable exterior, and you may have thought that one should not judge people by their looks only. This is quite right, but it must not be forgotten that the exterior means a lot and tells very often a good deal about a person, also about his morals. You all know the motto on your dental book: "cleanliness makes pride"; to be proud means to respect one's self, it also means to present a good and clean aspect, and not to appear unclean, neither in your person nor in your actions.

You must be grateful to those who are looking after your health and who are teaching you the way to remain healthy. You can show your gratitude best by following these rules: brush your teeth, chew your food well, go to your dentist regularly.

There is also something else which you can do later on. Some day—in many years from now, it is true—there will be other children sitting on these benches, and these children will be your children, and you will have become fathers and mothers. You must often remember that you have been told, when you left this school, to look after their teeth right from the earliest days of their lives (importance of temporary teeth), because you will have had the advantage over your own parents of having been taught the importance of oral hygiene. You all will then contribute to the welfare of your country and help to bring forth generations which are mentally and physically healthy. This is the best way in which you can repay those who love you and take an interest

in you, now and for the future which they have tried with all the means at their disposal to make as good and hopeful for you as possible.—*La Presse Dentaire*.

## AUSTRALIA

In a very interesting dissertation on focal infection and its relationship to kidney disease, Dr. M. Graham Sutton, before the Odontological Society of Queensland, suggests that the feeling of chilliness after meals which is customarily ascribed to the withdrawal of blood from the skin to the organs of digestion, is really due to the absorption of an extra dose of bacteria from the mouth, which have been squeezed in, as it were, during the process of mastication, or poured out from an infected gallbladder into the intestine, and absorbed with the food. Exceptionally we soak up really large doses, and then we develop definite rigors to help us throw the bacteria out of the body again. Only when we soak up an overwhelming dose do we develop true blood infection or septicaemia. According to this conception of disease, the term "septicaemia" should be reserved for those exceptional cases where bacteria have entered the blood stream and continued to live there, the resistance of the blood having been broken down completely. "Intermittent blood invasion" would express better the state of affairs in more common cases where bacteria pass through the blood on their way to lodge in the tissues, or to pass out of the body again by way of the excretory channels, more particularly the kidneys and the liver whence they are excreted into the bile and so into the bowels and faeces. It is generally conceded, as a result of practical experience and increasing investigation, that most frequently the primary foci are located in the head—either in the teeth and tonsils or in the accessory sinuses of the nose and throat. On the other hand, the secondary foci are usually to be found in the serous membranes and fascial structures of the

body and such parenchymatous organs as the kidneys and prostate, etc. Systemic infection may be inaugurated from these foci by extension by direct continuity of tissue, i. e. extension to the maxillary antrum from a focus about the upper canine; extension along the lym-

phatic channels to the regional lymph gland, which then become secondary foci; by way of the blood stream—haematogenous infection. This latter is doubtless the most common mode of extension. —*The Dental Science Journal of Australia.*

## The Care of a Sterilizer

Lime or scale will form on the inside of any sterilizer when hard water is used. The best way to prevent this is the use of distilled water or rain water. This, however, is frequently not available and the best way to remove the lime is to clean the sterilizer every day. The water should be withdrawn and the inside of the sterilizer scrubbed with a brush and wiped.

The same daily care in the cleaning of a sterilizer that is given to cooking utensils in one's home will stop the formation of scale. If, however, scale does form through inattention, the sterilizer should be boiled for about 10 minutes with a 10 per cent solution of hydrochloric acid. This will dissolve the scale. The sterilizer should then be rinsed out.

A red coating may appear on the inside of a sterilizer through inattention to the above details. This, however, is not a rusting of the sterilizer itself. Every sterilizer should be made of copper and brass, coated inside with pure bloc tin, a combination which does not corrode. What may appear to be rust comes, not from the sterilizer, but from the instruments themselves which are left in the sterilizer longer than the ten minutes of actual boiling. Instruments must then be removed at once and dried.

There are two reasons for demanding that a dentist's sterilizer be cleaned daily. The first is to prevent the formation of lime or scale. This not only effects the efficiency of the sterilizer, but also induces a greater tendency to rusting of instruments.

The second reason is for the sake of cleanliness. A sterilizer of all things should be immaculately clean. The mere fact that the water in it is boiling is not a sufficient safeguard for cleanliness. The walls, bottom and tray of the sterilizer should be scrubbed with soap and water after use every day.



## Editorials

REA PROCTOR McGEE, D.D.S., M.D., Editor

Manuscripts and letters to the Editor should be addressed to him at 514 Hollywood Security Bldg., Los Angeles, California. All business correspondence and routine editorial correspondence should be addressed to the Publication Office of Oral Hygiene, Pittsburgh, Pennsylvania.

### The Dentist in His Relation to the Public

**I**F dentistry is to maintain its present position as a united profession the intimate relationship of unselfish effort in the alleviation of dental disease among the poor must ever be an important factor in all organized effort.

Dentistry is a healing art must take up some of the burden of medicine as an unpaid public benefactor.

This means that there must be dentists—working dentists, connected with all hospitals, clinics, dispensaries and other public health agencies.

Certain dental schools are making a habit of charging fees commensurate with those of regular dental practitioners.

This must be stopped. All dental schools are now university departments and there is absolutely no reason for dispensary fees that exceed the cost of the materials used. Let us

see to it that in our charitable relation to the public there is no occasion to accuse us of double-dealing.

### The Election

THE election this year in the American Dental Association was a double-header, both a president and a president-elect being chosen or, rather, traded. Wherever three people are gathered together there we have politics.

Martin Dewey and Louis Meisberger of New York each believed that destiny had pointed to him as our American Dental Association President.

Dr. Dewey was the only person who felt sure that Dewey had a chance. Meisberger only needed one vote to win but somebody down South juggled that vote and another New Yorker, this one a native, "bit the dust."

The victorious candidate for the immediate presidency was Dr. Henry L. Banzhaf of Milwaukee.

Dr. Banzhaf will make a splendid president. His personality, his training and his achievements all point toward a very successful administration. Let us hope that he will peruse the list of appointments so that the jobs will be well distributed and not concentrated among a few as has been the case in some instances.

The new president-elect is Dr. Roscoe Volland of Iowa City.

Dr. Volland has had long experience in the work of the American Dental Association. The election of Dr. Banzhaf and Dr. Volland assures the A.D.A. two years of first-class leadership—may the Association always make its selections as fortunately as they did this time.

### "Better Dentistry" Meeting

The Better Dentistry December meeting of the First District Dental Society of New York will be held on December 6th, 7th, 8th, 1926. This meeting will be a fitting successor to the Better Dentistry meeting of 1925, which demonstrated conclusively the demand which exists for this type of meeting in the Metropolitan area.

The meeting will exemplify the best in the dentistry of today, presented in such a manner that each dentist who attends may learn something which will be helpful in his practice.

Among the more prominent of the essayists will be Dr. Rupert E. Hall of Chicago, Dr. Edward Hatton of Chicago and Dr. Russell Hayden of Kansas City. An Oral Hygiene luncheon will be given on Wednesday.

Unexcelled clinics will be presented, illustrative of all phases of practice.

Topics discussions which were found so valuable last year, will also be on the program.

The meeting will be conducted on the same professional plan as the meeting of last year. There will be no manufacturers' exhibit.

The Place—Hotel Pennsylvania, New York City.

The Date—December 6th, 7th, 8th.

# Books

Reviewed by  
THE EDITOR



## "Stedman's Medical Dictionary"

**T**HE Ninth Edition of Stedman's Medical Dictionary, published by Wm. Wood & Company, is on my desk.

The author, Thomas Lathrop Stedman, A.M., M.D., is one of the most cultured men that has appeared in the ranks of American medicine.

From his own long experience as student, practitioner and editor he has noted many of the difficulties that ordinarily beset those who consult the dictionary. To a very large extent these have been eliminated.

He very truly states in his introduction that the elimination of Greek from preliminary medical study has been a serious error.

This is equally true of dental education. Now that we have

extended our own course to the point where suggestions as to curriculum should be well received, let us include Greek and Latin in the pre-dental study.

To those who would invent new words for technical use I would recommend the careful reading of the Preface in the Ninth Edition of Stedman.

Now that I have mentioned some of the many good points I would like to inquire why on earth William Wood & Company use such ancient and out-of-date illustrations of instruments in a perfectly good and modern dictionary. I am quite sure Dr. Stedman would not recommend the use of wooden-handled surgical knives or of jagged-edged periosteal elevators.

As a satisfactory medical dictionary I can endorse Stedman's.

## "Three Score Years and Nine"

**F**ROM the pen of Eddie Kells comes another book, called "Three Score Years and Nine." Taking

the scriptural guess that three score years and ten are the allotted period of man's life, Dr. Kells beats this calculation by writing his dental autobiography



to cover one year less—using the last year for the literary effort.

As a very small boy, Dr. Kells witnessed the fall of New Orleans before the fleet of Farragut and the occupation of the city by the troops of old Ben Butler.

He tells the story of dental development for more than fifty years as no other writer has

done. This book should be read by every dentist and will surely find a place in every research library of the future.

Dr. Kells' genial self is reflected from every page and the special contributions by Dr. Bel, Dr. Bartlett and Dr. Prinz are very valuable.

A profession that develops men like Dr. Kells is well worth belonging to.

## Florida

The following letter to ORAL HYGIENE from the President of the Florida State Dental Society speaks for itself. The need down there is acute, despite the fact that certain interests in Florida have sought to minimize the extent of the disaster.

October ORAL HYGIENE, carrying the announcement is only now reaching the profession as this is written. Before the issue was mailed we had recorded the following contributions:

Billings Dental Supply Co., Omaha.....	\$ 25.00
Dr. C. Edmund Kells, New Orleans.....	25.00
Oral Hygiene Publications.....	100.00
Southern Dental Supply Co., Washington.....	10.00
Dr. M. B. Varnado, New Orleans.....	25.00

Here is Dr. Sheetz' letter:

Your letter of September 27th in reference to the Florida relief fund together with the checks for \$150 was received and I am frank to state that this was a great source of gratification to me to learn of this movement that you have launched for the benefit of distressed brother dentists.

In behalf of the Florida State Dental Society, I want to tell you that we appreciate this from the bottom of our hearts and to those who were unfortunate to lose their all I feel positive that they will feel a friend has responded in time of distress.

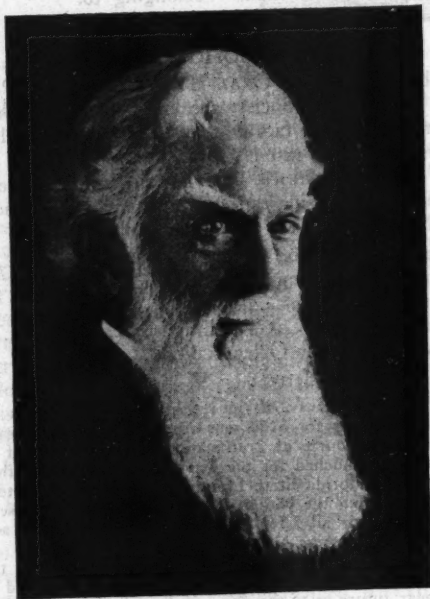
We are unable as yet to get a check up on the losses in the stricken area but I have appointed a committee who are now active and will report to me in the near future as to the damage done in the storm swept area.

The Florida State Society will most certainly make a cash donation to this fund as well as each of our five District Dental Societies in our State. Was informed yesterday that most of the offices in Hollywood and Ft. Lauderdale were completely wiped out. One of the committee is there now and as soon as I hear from him I shall make a report to you.

Assuring you that any funds contributed will be placed to the best of our ability and relief given where most needed, I desire to state that Florida will soon rise from this, the greatest disaster that ever has befallen our great State, and will some day smile with you again but ever remembering that our fellow men came to us in time of distress.

Personally I thank you again for the initiating of this relief fund and the spirit which prompted your call.

# ORAL HYGIENE'S OL



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# E's Old-Timers Series



**DR. WILLIAM SMEDLEY** of Denver, Colorado, celebrated his ninetyieth birthday on May 4th of this year, having been born in 1836 in Chester County, Pa., on a farm. He says, "If I had not been raised on a farm I probably would not have been raised at all for I was a puny kid."

Dr. Elisha Townsend, one of the founders of the Pennsylvania College of Dental Surgery, and a second cousin of Dr. Smedley, frequently visited at the farm and with his wonderful pride in the profession and ambition for its future development by college and association he was constantly picturing his ideal. That ideal fixed itself in the young man's mind though on account of ill health he at that time had no thought of being a dentist.

In 1862 he crossed the plains with an ox team and was wonderfully benefitted in health.

In 1864 he returned to his home and took up the study of dentistry and in 1866 graduated from the Pennsylvania College of Dental Surgery. After practicing about four years in West Chester, Pa., his health again threatened to fail so, inspired by reading Richardson's "Beyond the Mississippi," which describes the country East of the Rocky Mountains as the most healthful region in the United

States, he was reminded of the similar region of the ox wagon trail, so went to Denver, Colorado, September 1870, on the Kansas Pacific railroad which had been in operation but one month.

The population of Denver was then 3,600. Dr. Smedley was landed on the plains outside of the city and walked over a prairie to Larimer Street which was then the business center of the city.

Dr. Smedley would be practicing dentistry today were it not for a failing eyesight which makes it impossible. His stalwart figure, straight as an Indian's, and his benevolent countenance are seen every day on the streets of Denver for he is still a regular visitor at the offices of the Smedley Dental Group.

He was a member of the School Board of District No. 17 in Denver for seventeen years; was the first President of the Colorado State Dental Association and its treasurer for thirty-five years. Dr. Smedley was the first to introduce the use of nitrous-oxide in Colorado.

He is one of the most highly respected and universally beloved citizens of Denver and is an inspiring example of what Colorado climate and temperate, well regulated habits of life can do for even a weak constitution.

# "I Learned About M

By BARTLETT ROBINSON, D.D.S., New York, N. Y.



FEW days after the issue of ORAL HYGIENE\* containing a little article of mine called "Why I Wish He Sold Cars, Too," appeared, I happened to meet one of my classmates on the street, and as it was just about lunch time, we went together into a little side-street restaurant and ordered our groceries.

Now it is an axiom that whenever two or more dentists get together there is just one subject to be discussed, and that subject is dentistry. Of course such side-issues as horse racing, fishing and flappers may come in for a word or two, but the talk always veers back to the shop-talk of the forcep and bur.

This friend of mine had read that article, and he started to give me the merry old razz. "I guess you must owe your dental dealer a big bill," he began. When I told him I did not owe any supply house a single solitary nickel he ventured the suggestion that I might be trying to get in good so that I could owe them. After I had disabused his mind on that score he came right out and asked me why in the name of all that was holy I had ever tried to do verbal battle for people who certainly seemed unusually well able to take care of themselves.

So I told him some of the things I am about to set down here; things that I think most of us either take for granted, or do not appreciate.

When I graduated from one of the biggest dental colleges in the country about six years ago, I was in about the same fix as are most of the young men who will graduate this year, next year, and in the years to come. My folks had done all they could do by paying practically all my educational expenses. Father was forced to borrow a little to get me out of college, and of course I really expected to repay him. And I thought I'd be able to do it in the first year or two I was out in practice.

I had no money of my own; I could not borrow any, but nevertheless I expected to set myself up in business with a complete and modern layout of dental office equipment.

While I was in school I had done practically all my business with a supply house whose college representative was a suave and likeable young chap who always seemed willing to give me more credit than even I thought I should have. Of course I paid my bills, more or less, but when commencement rolled around, I found I owed that dealer nearly fifty dollars. And, brother, fifty dollars looked as

# Money From Him"

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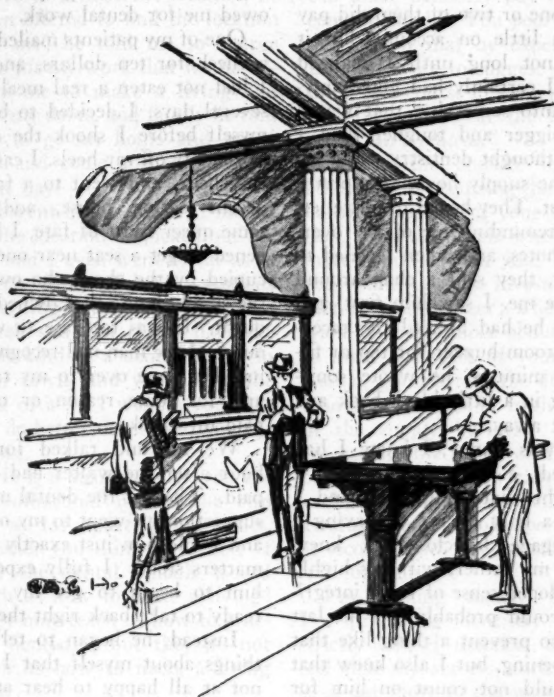
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big as a mountain to me right then. I figured, though, that the supply people would not crowd a senior much, as they would be anxious to sell him his office outfit, and for once in my life I was right.

After passing the state board, I picked out a nice suite of rooms in one of the best office buildings in the city, and I called the salesman for the supply house, and told him to come

over and fix me up. In a few weeks there I was, with a wonderful location, an office that would do credit to the best dentist in the United States, a big load of debt, and me with no more patients than money. And speaking of money, I lived for three days on milk and cinnamon rolls, which I ate in the office.

Of course I had a few patients; several young friends



who had waited for me to graduate, just so they could come in and let me fix up their teeth, and one or two of them did pay me a little on account, but it was not long until I realized that I certainly had gotten myself into something that was a lot bigger and tougher than I ever thought dentistry could be.

The supply house was pretty decent. They began to write letters reminding me of my overdue notes, and when I failed to reply, they sent a chap around to see me. I saw him first, and after he had buzzed the reception room buzzer for ten or fifteen minutes, he wrote something in a little black book and went away.

I was scared; I knew I had signed a mortgage when I bought that equipment, and I had a holy horror of having a mortgage foreclosed. I knew that my father, with his highly developed sense of rural integrity would probably sell his last pig to prevent a thing like that happening, but I also knew that I could not count on him for any help. My room rent was overdue, and the landlady was threatening to put me out; I was two weeks behind on the rent on my office, and the only thing I did not owe on was the telephone. They made me keep that paid up three months in advance.

Kid-like, I grew panicky. I thought of going West, changing my name and getting a job as a cowboy in Kansas, or going to Oklahoma and hiding among

the Indians. I got so desperate that I even mailed statements to the three or four people who owed me for dental work.

One of my patients mailed me a check for ten dollars, and as I had not eaten a real meal for several days, I decided to blow myself before I shook the dust of the city off my heels. I cashed the check, and went to a fairly decent eating house, and by some queer twist of fate, I happened to get a seat near one occupied by the chap who owned the supply house that owned my outfit. It was too late to walk out, and the man had recognized me. He came over to my table, and for some reason or other paid my check.

We sat and talked for an hour after the waiter had been paid. Then at the dental man's suggestion we went to my office, and I told him just exactly how matters stood. I fully expected him to begin to get my stuff ready to take back right then.

Instead, he began to tell me things about myself that I was not at all happy to hear at the time. In rather a nice way, he called me everything that was dumb and simple, and he kept telling me how many different kinds of a young damn fool I really was. And he was so darn positive about it, that it began to dawn on me that this fellow was just about right. I had been dumb. I had been worse than dumb. I was so filled with egotism that I would have starved to death, I think, if that chap had not come to the rescue.



He told me what he thought I ought to do. He told me to move to a different location, he even offered to find the location for me; he told me to charge fees for my work that would enable me to make a living and pay my debts, and finally he told me to go on home and go to bed and come and see him the next day.

I went in to see him; I moved to the location he picked out for me and I even went so far as to follow some of his suggestions regarding fees. And I'm here to tell you that if you have the right kind of a dental dealer in your town, and you are in the kind of a fix I was in, you cannot do better than go to him for advice.

He is a business man, you are a professional man. The two are as far apart as the poles, whether you think so or not. If only the dental schools would teach us how to make a living! They may teach us how to practice dentistry, but they do not teach us how to make a living at it.

Just a few weeks ago I was talking to the dean of my alma mater. I suggested the value of a short course in dental economics. "Son," said he, "I know how valuable it would be.

I know you boys are graduated without any idea as to how you can make dentistry pay the income it should. You poor devils must learn that by experience. But if I were to suggest such a thing as a course in money making, I'd never hear the last of it. It isn't *ethical*."

So, in the absence of any other way of acquiring that most valuable portion of your education, go to the people who know more about it than you. When you want to talk investments, talk to your banker; when you want to know more about how to make a success of your profession, go either to the dentists who have done so, or to the men in the supply business. They are usually the father-confessors of most of the men they deal with, and they thus accumulate a valuable amount of experience, at second hand, but valuable, in spite of that.

I'm making money today. I'm practicing dentistry in a strictly ethical manner, and I feel that my success, such as it is, is due more to the sound advice given me by my friends in the dental trade than to any other thing. So you cannot blame me much if I seem to bear down on the loud pedal when I sing the dental dealer's praises.



# Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it—but he won't send it back.

John and George, small sons of a Baptist minister, after listening to one of their father's sermons, decided that they must baptize their family of cats. The kittens made no objection. One by one they were put in a big tub of water.

But when it came to the mother cat, she rebelled—and fought—and scratched—until at last John remarked:

"Just sprinkle her, George, and let her go to h—l."

"Pardon me, sir, but could you tell me where I could get a drink?"

"Mister, I'm only a street car motorman. You're the third man this morning who has mistaken me for a policeman."

GRANNY: "Do you always wear such tight skirts? I don't see how you could walk far in them."

MABEL: "Oh! I have wider ones for motoring."

"Well, of all the nerve," she said, as she slapped his face. "Don't ever try to kiss me again."

"All right," he replied, meekly. "If that's how you feel about it, get off my lap."

"I told my wife that if she bobbed her hair I would leave her," confided a man to his friend.

"But she bobbed it; and you're still living with her."

"You bet I am. I'll show her she can't bluff me."

PATIENT: "What a nice X-ray."

DENTIST'S LITTLE SON: "Yes. I think the man we bought it from is sorry now he sold it—he's always calling."

This is the age when a husband kisses his wife's neck and says: "Why, dearie, you haven't shaved this morning!"

## ORAL HYGIENE on 3,000 Movie Screens

The following, from our Laffodontia page, is being shown on 3,000 movie screens, in "Topics of the Day," credited to ORAL HYGIENE:

FATHER: "Daughter, do you let the boys kiss you good-night?"

DAUGHTER: "N-n-n-n-no, father."

"Well, don't let them do it any more."

MR. BAM: "How did you like the new washing machine I had sent out today?"

MRS. BAM: "Oh! It's terrible. Every time I tried to get in it to take my bath the paddles hit me."

"One thing must I insist on. If you break any dishes, come and tell me at once."

COOK: "But I can't be runnin' to you every minute of the day."